



## CHANGE OF PROGRAM/PLAN/SUBPLAN

UNIVERSITY REGISTRAR • LIU • 700 NORTHERN BLVD., BROOKVILLE, N.Y. 11548 • [REGISTRAR@LIU.EDU](mailto:REGISTRAR@LIU.EDU)

Student ID Number: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

**Instructions:** Check and complete one or more of the following options:

**Change my plan (major) to the following new Program/Plan**

(example: CLASU/CPSYBS to CMGTU/CBABS)

Academic Program Information: \_\_\_\_\_

Academic Plan Information: \_\_\_\_\_

Sub Plan Information: \_\_\_\_\_

( ) This is for a double major.

*Note: Change will be in effect for next semester if submitted after the drop/add period.*

**Change or add the following subplan (concentration):** \_\_\_\_\_

*Note: Change will be in effect immediately.*

**Add/Remove a minor as follows:**

\_\_\_\_ Add Minor: \_\_\_\_\_ ( ) This is for a double minor

\_\_\_\_ Remove Minor: \_\_\_\_\_

*Note: Change will be in effect immediately.*

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Academic Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Department Chairperson/Program Director: \_\_\_\_\_ Date \_\_\_\_\_

*(Required for all graduate plan changes and selected undergraduate majors: Nursing, Radiologic Technology, Nutrition)*

FOR REGISTRAR USE ONLY:

PROCESSED BY: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_ EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

NOTES: \_\_\_\_\_